

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-10-03.

## I. DISPUTE

Whether there should be **additional** reimbursement for ambulatory surgical care facility charges rendered on 7-23-02.

## II. FINDINGS

- a. The requestor billed \$5,652.97 for the disputed services.
2. The respondent paid \$791.64 based upon “F – Reduced According to Fee Guidelines; and T – Not According to Treatment Guidelines; and Bill review reductions are due to charges exceeding amounts reasonable for the provider’s demographic area.”
3. Total amount in dispute per TWCC-60 is \$3,916.22.
4. HB-2600 abolished the treatment guidelines effective, 1-1-02; therefore, EOB denial “T” was utilized inappropriately.
5. TWCC does not have a Fee Guideline for Ambulatory Surgical Care Services; therefore, EOB denial “F” was utilized inappropriately.
6. Disputed services were reduced based upon insurance carrier’s position that amount paid was fair and reasonable.
7. Section 413.011(b) of the Act states, “Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual’s behalf. The commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines.”
8. The requestor did not provide supporting documentation that support amount billed complies with Section 413.011(b) of the Act.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for ambulatory surgical care services.

The above Findings and Decision are hereby issued this 23<sup>rd</sup> day of April 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division